

Electronic Filing Cover Sheet

SECRETARY OF STATE

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(((H05000253649 3)))

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To:

Division of Corporations

Fax Number : (850)205-0383

From:

Account Name : FOLEY & LARDNER Account Number : 072720000061 : (904)359-2000 Phone Fax Number : (904)359-8700

LIMITED LIABILITY COMPANY

SE TIMBER LLC

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$155,00

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Corporate Filing

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FAX AUDIT NO.: H05000253649

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: SE TIMBER LLC

2005 OCT 31 A 11: 05

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Rougeny of STATE 914 ATLANTIC AVENUE, SUITE 2-A, FERNANDINA BEACH, FLORIDA (32A) ASSEE, FLORIDA

ARTICLE III - Registered Agent, Registered Office & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

F&L CORP.

ONE INDEPENDENT DR., SUTTE 1300
Florida street address (P.O. Box NOT acceptable)

JACKSONVILLE,, EL 32202 City, State, and Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and completed performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.

F&L CORP.

Charles V. Hedrick, Authorized Signatory

Signature of a member or an authorized representative of a member

(In accordance with section 608.408(3), Plorida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

John T. Sefton. Authorized Representative
Typed or printed name of signee
FILING FEES:

\$100.00 Filing Fee for Articles of Organization \$25.00 Designation of Registered Agent \$30.00 Certified Copy (OPTIONAL) \$5.00 Certificate of Status (OPTIONAL)

. Fax Audit No.: H05000253649